

# APPLICATION FOR SPECIAL SIGN PERMIT

## LOCATION TRANSFER/COPY CHANGE

PERMIT CENTER  
202-442-4589  
dcra.dc.gov

### FOR DCRA USE ONLY

PRE-FILE NUMBERS		ZONING DISTRICT	FILE NUMBER	PERMIT NUMBER	
PADC No.	OG No.			By:	
HPA No.	SSL No.	Ward	Receipt No.	Date	
Clearance To File (Initial)	Clearance Date				

**COMPLETE ITEMS 1-21.** Type or print in ink; do not write in shaded areas. Erasing, crossing out, whiting out, or otherwise altering any information will void your application.

1. Complete Address of Proposed Special Sign		1. Artwork <input type="checkbox"/> Attached <input type="checkbox"/> To be submitted later	2. Square/Suffix	3. Lot	4. Application Date
5. Applicant (Permit Owner)		6. Applicant's or Agent's Address: (include Zip)		7. Phone (include area code):	
8. What are you applying to do?				Work:	
<input type="checkbox"/> Transfer a special sign location, under DC Building Code §3115.4.2.6 of Title 12.				Fax:	
<input type="checkbox"/> Change copy <b>ONLY</b> .		Previously approved address:		9. Existing special sign's permit number.	
10. Is the proposed special sign location in an area zoned residential? <input type="checkbox"/> No <input type="checkbox"/> Yes	11a. Is the proposed sign wall part of a historic building or in a historic district? <input type="checkbox"/> No <input type="checkbox"/> Yes	11b. If you answered "yes" to question #11a, are you asking for a temporary permit (6 months or less)? <input type="checkbox"/> No: HPRB Approval Required <input type="checkbox"/> Yes: DCRA Staff Approval only			

12. Description of proposed special sign art work and special sign wording, if included with this application. (Include 3 color copies.)

13. Face direction of the wall at street frontage (e.g., "northern-facing on K Street").	14. Ex. No. of Stories of Bldg	<b>IMPORTANT NOTICE</b> You must attach: An affidavit that you've complied with the DC Clean Hands Act A valid DC Certificate of Good Standing
14. Proposed Dimensions(Square Footage) of Special Sign Width _____ Feet Height _____ Feet	15. Do you have a valid DC Certificate of Good Standing? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		16. Have you completed an affidavit in compliance with the DC Clean Hands Act? <input type="checkbox"/> No <input type="checkbox"/> Yes
		17. Are you registered with the DC Office of Tax and Revenue? <input type="checkbox"/> No <input type="checkbox"/> Yes

Proposed Installation		20. Name, Address, and phone of Special Sign Installation Company
18. Start Date	19. Finish Date	
21. Application Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		22. If disapproved, reason for disapproval:

OFFICIAL USE ONLY									
Application FEE		Change Copy FEE		Change Location FEE		Processing FEE		Total FEE	
				\$		\$		\$	
By:	Date:	By:	Date:	By:	Date:	By:	Date:	By:	Date:

### APPLICANT'S SIGNATURE:

I understand that, if I make a false statement on this application, my permit could be denied or revoked; I could be criminally prosecuted; and, if I'm convicted, fined up to \$1000, imprisoned up to 180 days, or both, under DC Official Code § 22-2405.

I certify that I am authorized to make the application involving this property; that the application and attachments are complete and correct to the best of my knowledge; and that if a permit(s) is issued, the special sign installation will conform to DC Construction Codes, Zoning Regulations, and other applicable DC laws and regulations.

Signature of Applicant or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Agent's certification of authority:** I hereby certify that I have the owner's authority to make this application.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_